

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		19	030
FORMALITY REVIEW	TH	553	08-31-01
RESPONSE FORMALITY REVIEW	JK	835	10/22/01

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 + Restricted O Objected

BEST AVAILABLE COPY

Claim	Final	Original	Date
1	✓	✓	08/31/01
2	✓	✓	08/31/01
3	✓	✓	08/31/01
4	✓	✓	08/31/01
5	0	0	08/31/01
6	0	0	08/31/01
7	✓	✓	08/31/01
8	✓	✓	08/31/01
9	✓	✓	08/31/01
10	✓	✓	08/31/01
11	✓	✓	08/31/01
12	✓	✓	08/31/01
13	✓	✓	08/31/01
14	✓	0	08/31/01
15	0	0	08/31/01
16	0	0	08/31/01
17	✓	✓	08/31/01
18	✓	✓	08/31/01
19	✓	✓	08/31/01
20	✓	✓	08/31/01
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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530
08-31-01
WJ
10/22/01